PART B - FEE(S) TRANSMITTAL

Complete and send to	nis form, whether wi	th applicable fee	e(s), to: <u>M</u> or <u>I</u>]	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000	r Patents		
INSTRUCTIONS: This for appropriate. All further con indicated unless corrected maintenance fee notification	m should be used for transpondence belowing the	e in Block 1, by (a)				red). Blocks 1 through 5 vill be mailed to the curren and/or (b) indicating a sep	should be completed where it correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE 26574 75	E ADDRESS (Note: Use Block 1 for 90 03/28/2005	any change of address)		I	Fee(s) Transmittal. Th papers. Each additiona	is certificate cannot be used	for domestic mailings of the I for any other accompanying nent or formal drawing, must	
SCHIFF HARDII PATENT DEPART 6600 SEARS TOW CHICAGO, IL 606			I S t t	Cer hereby certify that the States Postal Service wanderssed to the Mai ranshuk at 10 the USF Steven H		nsmission ng deposited with the United trst class mail in an envelope s above, or being facsimile date indicated befow. (Depositor's name)		
06/14/2005 MBERHE1 0000	0082 09914248		•	·	5a		(Signature)	
01 FC:1501	1400.00 OP			į	June 9,		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INV) INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/914,248 08/24/2001			Gunnar M	agnusson	1	P01.0292	2023	
TITLE OF INVENTION: IN	IPLANTABLE TISSUE ST	TIMULATING DEVI	ICE					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE \$1400		PUI	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nonprovisional NO				\$0	\$1400	06/28/2005	
EXAMINER		ART UNIT		CLA	ASS-SUBCLASS			
BOCKELMAN, MARK		3762			607-036000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in		elow, no assignee da	ata will app	ear on th	e patent. If an assign	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (E			RESIDENCE: (CITY and STATE OR COUNTRY)					
St. Jude Med	Jarfalla, Sweden							
Please check the appropriate 4a. The following fee(s) are			ited on the p		☐ Individual Co	orporation or other private g	group entity Government	
Issue Fee			A check	in the am	ount of the fee(s) is en			
				Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501519 (enclose an extra copy of this form).				
Advance Order - # of	Copies		The Directory of the Di	ector is he ount Num	treby authorized by conber 501519	harge the required fee(s), o (enclose an extra	copy of this form).	
5. Change in Entity Status a. Applicant claims Sl	(from status indicated abov MALL ENTITY status. See		b. Applic	ant is no	longer claiming SMA	LL ENTITY status. See 37	CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Iss ublication Fee (if required) ords of the United States Pat	ue Fee and Publication will not be accepted fent and Trademark O	on Fee (if an from anyone office	ny) or to re other the	e-apply any previousl an the applicant; a regi	y paid issue fee to the appli istered attorney or agent; or	cation identified above. the assignee or other party in	
Authorized Signature	Steven !	XI. No	H	-	DateJ	une 9, 2005		
Typed or printed name	Steven H. Nol		··· II - · · · · · · · · · · · · · · · ·		- ·	No. 28,982		
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	n is required by 37 CFR 1.3 ty is governed by 35 U.S.C plication form to the USPI for reducing this burden, s nia 22313-1450. DO NOT 1450.	311. The information . 122 and 37 CFR 1. O. Time will vary d hould be sent to the (SEND FEES OR CC	is required 14. This col epending up Chief Inform DMPLETED	to obtain lection is pon the ir nation Of FORMS	or retain a benefit by to estimated to take 12 adividual case. Any conficer, U.S. Patent and S TO THIS ADDRESS	he public which is to file (a minutes to complete, includ minutents on the amount of Trademark Office, U.S. De S. SEND TO: Commissione	nd by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.